

Phil Ogden

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303-776-0489

P. 1

APR 03 2005

1054

101797252

PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

101797252

Filing Date

03-10-2004

First Named Inventor

Phil M. M. Ogden Jr.

Art Unit

13751

Examiner Name

Nancy Ann Farn

4

Attorney Docket Number

03-4456

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached

Amendment/Reply
 After Final
 Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Reply to Missing Parts/ Incomplete Application
 Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD

Remarks

After Allowance Communication to TC
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Signature

Printed name

Date

Reg. No.

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name

Date

09-05-2005

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p.2

APR 05 2005

PTO/SB/82 (09-04)

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REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/172,762
Filing Date	12-11-2003
First Named Inventor	Phil W. MERRILL
Art Unit	3757
Examiner Name	Alvin J. T. P. M.
Attorney Docket Number	100-14902

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

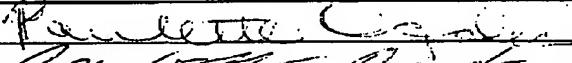
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Phil W. MERRILL			
Address	1732 3rd Avenue St.			
City	Longmont	State	CO	Zip
Country	US			
Telephone	303-776-4444	Fax	303-776-0787	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Phil W. MERRILL		
Date	04-05-2005	Telephone	303-776-4444

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (08-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10171252
	Filing Date	03/06/2005
	First Named Inventor	Ryan Michael Ogden
	Art Unit	3131
	Examiner Name	William M. Mow
	Attorney Docket Number	2171-0489

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 

Please change the correspondence address for the above-identified application to:

 The address associated with
Customer Number:

OR

 Firm or
Individual Name: Address: City: State: Zip: Country: Telephone: Fax:

I am the:



Applicant/Inventor.

 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature: Name: Date: Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/1714752
	Filing Date	03/11/2004
	First Named Inventor	Ray W. M. M. 21450-32
	Art Unit	3751
	Examiner Name	Debra L. Brown
	Attorney Docket Number	20040405

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

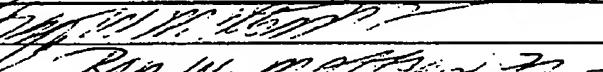
 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ray W. M. M. 21450-32		
Address	1737 SHERMAN ST.		
City	LONG MONT	State	CO
Country	U.S.A.		
Telephone	303-776-4114	Fax	303-776-0489

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ray W. M. M. 21450-32		
Date	04-05-2005	Telephone	303-776-4114

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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